

SPECIALIZED AUTHORITY FOR
RELEASE OF INFORMATION

TO:

This release constitutes my consent and authorization to the person or organization identified above to furnish any duly accredited representative of the Drug Enforcement Administration any and all information regarding my _____

This release is executed with full knowledge and understanding that the information is for official use by the Drug Enforcement Administration or such agency of the Federal government as may be authorized by the Drug Enforcement Administration and that the information will be fully safe- guarded against unauthorized disclosure to any agency or individual not having a legitimate need for it in the proper discharge of official business of the Federal government.

I hereby release the person or organization identified above, their employees, agents, and officers, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

(Date)

(Signature of Applicant)

(Street Address)

(City and State)

This release is invalid if not
presented to the addressee
within one year from the
above date.